

ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

	CURRENT CORRESPONDENCE ADDRESS					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE					
	30869	7590	9/	22/2008	3	1	FEE, VA 22	Commissi 313-1450,	oner for Page or being f	atents, P.O. Bo	ox 1450, Alexandria, nitted to the USPTO
	LUMEN PATENT FIRM							Patrio	cia Sheph	erd (C	epositor's name)
	2345 YALE STREET, 2ND FLOOR PALO ALTO, CA 94306					/ Patricia Shepherd /			rd /	(Signature)	
							11/24/08				(Date)
	Application No. Filing Date		F	irst Named Inventor Dock			Docl	ket No.	Confirmation No.		
	10/581959 6/5/2006			II S	Il Shik Yoon LEE-104/PCT/US					8743	
	Title: ASSISTANT CEILING DEVICE FOR SHIELDING ESCAPE HATCH OF ELEVATOR										
•	Appl. Type	Small Entity	Issue Fe	e Due	Pub.	. Fee I	Due	Prev. F	Paid IF	Total Fee Du	e Date Due
	nonprovisional YES \$755  Examiner		\$300			<b>\$</b> O		\$1055	12/22/2008		
				Α	Art Unit Class-Su		ubClass				
	Kruer, Stefan					3654 187/401			401		
	<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):</li> <li>Change of correspondence address attached.</li> <li>For printing on the patent front page list firm name:</li> <li>LUMEN PATENT FIRM</li> <li>"Fee address" indication attached.</li> </ol>								firm name:		
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.  Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE.										
11/26/2008	(A) NAME OF ASSIGNEE  (B) RESIDENCE (City and State or Country)  (C) PROVIDENCE (City and State or Country)									a claid of country,	
01 FC:2501 02 FC:1504		755.00 OP 300.00 OP									
AT LOSTONA	Please check the a		e category/	categorie	es:	Individ	dual [	Corpora	ation or Priv	rate Group Enti	ty Government
	<b>4a.</b> The following	fee(s) are submi	tted:		4b.	.Paym	nent o	of fee(s):			
	✓ Issue Fee ✓ Publication Fee					☐ Check is enclosed ☐ Payment by credit card (form is attached) ☐					
•	Advance Order - # of Copies The Director is hereby authorized to charge the require fee(s), any deficiency, or credit any overpayment, to Deposit Account No (enclose extra copy)								erpayment, to		
	_	5. Change in entity status  a. Applicant claims SMALL ENTITY status  b. Applicant is no longer claiming SMALL ENTITY status								LL ENTITY status	
	S	IGNATURE OF	APPLICA	NT, REC	GISTE	RED	ATTC	RNEY, C	R REGIS	TERED AGE	NT
	SIGNATURE	/ Trieu T.				<u></u>	_	·		DATE	11/24/08
	PRINTED NAME									REG. NO.	61,354

This collection of information is required by 37 CFR 1.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

5



## **TRANSMITTAL FORM**

Filing Date 6/5/2006 First Named Inventor II Shik Yoon Art Unit 3654 (to be used for all correspondence after initial filing) **Examiner Name** Kruer, Stefan **Attorney Docket Number** Total Number of Pages in This Submission LEE-104/PCT/US

10/581959

**Application Number** 

ENCLOSURES (Check all that apply)							
Fee Transmittal	Form	Drawings		☐ After Allowance Comm. to TC			
		Licensing-related par	pers	Appeal Comm. to Board of Appeals and Interferences			
☐ Amendment/Rep	oly	Petition		Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)			
☐ After Final		Petition to Convert to Provisional Application		☐ Proprietary Information			
☐ Affidavits/De	claration(s)	Power of Attorney, R Change of Corresp.		☐ Statement under 3.73(b)			
☐ Extension of Tim	e Request	☐ Terminal Disclaimer		☐ Declaration			
☐ Express Abando	nment Request	Request for Refund		☐ Assignment			
☐ Information Disc	losure Statement	☐ CD, Number of CD(s	·	☐ Recordation Cover Sheet			
☐ Certified Copy of	f Priority Doc(s)	☐ Landscape Table	e on CD	Other (Specified below)			
Reply to Missing Incomplete Appli		Other: Issue Fee Transmittal					
Reply to Mis under 37 CF	sing Parts R 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
FIRM NAME	LUMEN PATEN	IT FIRM					
SIGNATURE	/ Trieu T. Ma	ai / Reg.No. 61,354					
PRINTED NAME Trieu T. Mai							
DATE 11/24/08			REGISTRAT	TION NUMBER 61,354			

## **CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being fascimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Patricia Shepherd /
PRINTED NAME	Patricia Shepherd
DATE	11/24/08